



Missouri Radiation Control Program

Registration of Non-Medical Radiation Machines

PO Box 570, Jefferson City MO 65102

Phone (573) 751-6083, FAX (573) 751-6158



DHSS MRCP Reg#	Complete all fields (even if N/A) and fax or email form to MRCP@dhss.mo.gov		Page: 1 of:
Facility Name:		Telephone #	
Facility Address:			Facility Fax#
City, State, Zip			County
Owned by/Parent Facility:			
Facility Contact Person:		Radiation Safety Officer:	

Radiation Producing Equipment at Facility

Type/Use of Machine	Location of Machine	Manufacturer	Control Model	Control Serial Number	# Tubes
...Continue listing on sheet 2 if needed			Total number radiation machines at this facility		Total number of tubes

Facility Workload, Radiation Safety and Operator Data

Facility estimated total radiation exposures/month	Personnel radiation monitoring:
Equipment PM/service frequency:	Who performs service
Most common procedure:	2nd most common:
Exposure factors (mA, kVp, time, etc)	Exposure factors (mA, kVp, time, etc)
Average number of this procedure per month:	Average number of this procedure per month:
Comments on this procedure:	Comments on this procedure:

Radiation Equipment Operators

Name of Person Operating Radiation Machine:	% of procedures performed (total)	Years experience	Give brief description of type & amount of training (in rad procedures/rad safety--formal, OTJ, degree, etc)
...Continue listing on sheet 2 if needed			Total number of people operating radiation equipment for this facility:
Comments/other:			
Facility Contact Completing Form:	Title:	Date:	

Additional Machines and/or Operators (not included on Sheet 1)

Of:

0

OOther
Comments